

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 — 0 1 0

2. STATE:

Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

07-01-04

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 04 \$ 4,673,144

b. FFY 05 \$ 18,692,576

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8a to Attachment 2.6-A
Page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

Eligibility under Section 1902 (f) and (r)(2) of the Social Security Act

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *pr*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Steve Roling

13. TYPED NAME:

Steve Roling

14. TITLE:

Director, Department of Social Services

15. DATE SUBMITTED:

16. RETURN TO:

Denise Cross, Director
Family Support Division
PO Box 2320
Jefferson City, MO 65102-2320

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 30, 2004

18. DATE APPROVED:

December 27, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

S. V. Cain Acting

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

Medical Director
ARA for Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

For the mandatory Aged, Blind, and Disabled group under 1902(f)

Income above the SSI standard that does not exceed 100% of the federal poverty income level (as revised annually in the federal register) for the single individual or couple involved is disregarded. The federal poverty level increase each year is effective as of April 1 of that year.

TN No. MS-04-10
Supercedes
TN No. MS-03-6

Approval Date DEC 87 2004 Effective Date 7-1-04